PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

AD6745 LIS NA.

NUMBER FILED NUMBER EXTRA NUMBER EXTRA TOTAL CHARGEABLE CLAIMS C minus 20			CLAIMS AS	S FILED - (Column		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
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NDEPENDENT CLAIMS	FOR NUMBER FILED							В	ASIC FEE	355.00	OR	BASIC FEE	710.00
MULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) CLAIMS Column 2) REMAINING COLUMN 2 COLUMN 3 RAFTER PREVIOUSLY PRESENT AMENDMENT PREVIOUSLY PRESENT Independent Minus M	TOTAL CHARGEABLE CLAIMS /6 minus 20=					*	6		X\$ 9=		OR	X\$18=	
H135	INDEPENDENT CLAIMS Z minus 3 =						Ø .		X40=		OR	X80=	
CLAIMS AS AMENDED - PART II (Column 1) CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR Total Independent (Column 2) (Column 3) RESENTATION OF MULTIPLE DEPENDENT CLAIM Total Total (Column 1) (Column 2) (Column 3) REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR Total (Column 1) (Column 2) (Column 3) REMAINING AFTER AMENDMENT FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total Total Total Total Total Total AMENDMENT PREVIOUSLY PAID FOR Total AMENDMENT PREVIOUSLY PAID FOR Total Total Total AMENDMENT PREVIOUSLY PAID FOR Total Total Total Total Total Total AMENDMENT PREVIOUSLY PAID FOR Total Total Total Total Total Total Total AMENDMENT PREVIOUSLY PAID FOR Total Total Total Total Total Total Total AMENDMENT PREVIOUSLY PAID FOR Total Total Total Total Total Total Total AMENDMENT PREVIOUSLY PAID FOR Total ADDIT FEE OR X\$18= OR X\$18= OR X\$18= OR TOTAL ADDIT FEE OR ADDIT F	MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT			囡		+135=		OR	+270=	770
Column 1 Column 2 Column 3 SMALL ENTITY OR SMALL ENTITY	* If	the difference	in column 1 is	less than ze	r "0" in c	olumn 2		TOTAL		OR	TOTAL	980	
Column 1 Column 2 Column 3	CLAIMS AS AMENDED - PAR												
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REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR TOTAL ADDITORAL FEE OR ADDITORAL ADDITORALA			(Column 1)		(Colur	nn 2)	(Column 3)	אר	D11.1 CC		• .	ADDIT: 1 EE	•
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Total * Minus ** = X\$ 9= OR X\$18=		Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<u> </u>	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		_					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+	135=		OR	+2/0=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."	• If	the entry in colu	mn 1 is less than th	ie entr y in c olu	mn 2, write	"0" in col	umn 3.		TOTAL			TOTAL	

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FX 1.7 Two Two months

DATE HAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application-Fee Determination Reco: (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

(Form PTO-875). The balance due dependent claims is summarized b	for additional claims and/or multiple elow:
☐ A. Filing Fees due upon fil	ing the application
· Total Filing Fees Due	= \$
Less Filing Pees Subm	itted - \$()
BALANCE DUE	= \$
B. Fees due in connection w	ith the exendment filed on
Total Fees Due	= \$
Less Fees Submitted	- \$ <u>(</u>
BALANCE DUE	= \$
ATTACOCENT: PORM FTO-FTS	Clerk of Group .
APPLICANT: PLEASE COMPLETE THIS	PORTION AND RETURN THIS NOTICE WITH PAYMEN
Pee submitted \$	Signature
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Print Name:	Signature:

PTOC 319(24, 7-72)